**JU Teaching Practice Form – Doctoral School in the Humanities**

|  |  |
| --- | --- |
| **Name and Surname of Doctoral Student**  |  |
| **Doctoral Program** |  |
| **Supervisor(s)** |  |
| **JU Department in which the teaching practice will be held** |  |
| **Course to be taught** |  |
| **Type of course (lecture/class/discussion group/online learning/ other (please specify which))** |  |
| **Teaching Practice supervisor** |  |
| **Academic Year**  |  |
| **Semester and Dates of the Teaching Practice**  |  |

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of the course coordinator Head of Department

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Candidate signature Head of the Doctoral Program